

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	18			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.7	*****		*****	3.8	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	70.5	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.6	*****		*****	6.7	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.7	*****		*****	5.3	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	171	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
 P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 W = weekly limits

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MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	14.2	*****		*****	7	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.3			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.4			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.15	2			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.243		*****	*****	*****	*****		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR

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06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	1.3	*****		*****	.14	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		5 Days Every Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.4	*****		*****	.16	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	95	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	97	*****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL

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 (SUBR 01)
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 External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR

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 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		5 Days Every Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL

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 TO PEND OREILLE RIVER
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.5	20			Continuous	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	*****		*****	5	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	95.5	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.6	*****		*****	8.1	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.1	*****		*****	4.5	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	162.8	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	9	*****		*****	5	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.776			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.06			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.33	4.1			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.216		*****	*****	*****	*****		Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
 P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.4	*****		*****	.03	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		5 Days Every Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****		*****	.13	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	95	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	97	*****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
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 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		5 Days Every Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.5	22			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.5	*****		*****	5.6	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.8	*****		*****	7.2	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.1			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.7	*****		*****	5.2	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	152.2	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	18.5	*****		*****	9	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.5			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.4			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.7			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.53	8.6			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.247		*****	*****	*****	*****		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	1.1	*****		*****	.13	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		5 Days Every Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.5	*****		*****	.22	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	93	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	97	*****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER, UPSTREAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22			Quarterly	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****	.247		*****	*****	*****	*****		Quarterly	
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. QTR MAX	MGD	*****	*****	*****	*****		Quarterly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.1			Quarterly	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	SU		Quarterly	GRAB
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.5			Quarterly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.4			Quarterly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.4			Quarterly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		5 Days Every Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.1	20			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.9	*****		*****	3.7	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	65.7	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.4	*****		*****	5.1	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.7			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.4	*****		*****	4	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	143.3	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
 P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	9.3	*****		*****	5	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14.2			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.104			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.3			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.222		*****	*****	*****	*****		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
 P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.8	*****		*****	.09	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		5 Days Every Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****		*****	.11	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	97	*****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
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ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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 PRIEST RIVER, ID 83856

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		5 Days Every Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.9	17			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.1	*****		*****	5.16	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	79.2	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.3	*****		*****	8.7	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	11.3	*****		*****	6.4	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	166.4	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
 P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PRIEST RIVER, CITY OF
ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	12.3	*****		*****	7	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.137			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.51			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.83	5.2			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.211		*****	*****	*****	*****		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
 P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 W = weekly limits

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: P.O. BOX 415
 PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF
LOCATION: 401 RAILROAD AVENUE
 PRIEST RIVER, ID 83856

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 TO PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****		*****	.15	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		5 Days Every Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.3	*****		*****	.18	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	93	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	96	*****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

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10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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DMR Mailing ZIP CODE: 83856

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 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR

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ADDRESS: P.O. BOX 415
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ID0020800	002-A
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10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83856

MINOR \$
 (SUBR 01)
 PEND OREILLE RIVER
 External Outfall

No Discharge ☐

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		5 Days Every Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	Y=1;N=0	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
 Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
 W = weekly limits